DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

REMOTE SITE URINE COLLECTION DEVICE AND METHOD OF USE

| the spe | cification of whic | h (check one) | · | |
|----------------------------------|--|---|---|---|
| | is attached here | to. | | |
| _X_ | under Attorney's | cember 29, 1998 s Docket Number <u>6328</u> erial No. <u>09/222,123</u> | | |
| | | reviewed and understa by any amendment ref | and the contents of the above identific erred to above. | ed specification, including |
| l ackno accorda | wledge the duty nce with Title 37 | to disclose informatio , Code of Federal Regu | on which is material to the examinat ulations Section 1.56(a). | tion of this application in |
| patent o | or inventor's certi | ficate listed below and | e 35, United States Code 119 of any I have also identified below any fore ore that of the application on which | ign application for patent |
| Prior Fo | reign Application(| s) | | Priority Claimed |
| (Numbe | r) | (Country) | (Filing Date) | YesNo |
| disclose States C of Feder | ion(s) listed belo d in the prior Unit Code, Section 112 al Regulations, Se | w and, insofar as the s ed States application in , I acknowledge the du | 35, United States Code, Section 1 subject matter of each of the claims the manner provided by the first paraity to disclose material information as courred between the filing date of the application: | of this application is not agraph of Title 35, United defined in Title 37, Code |
| (Appln. | Serial No.) | (Filing Date) | (Status-patent, pending, abando | ned) |
| (Appln. | Serial No.) | (Filing Date) | (Status-patent, pending, abando | ned) |
| | | | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

| J. Rodman Steele, Jr. | Reg. No. 25,931 |
|-----------------------|-----------------|
| Gregory A. Nelson | Reg. No. 30,577 |
| Harvey D. Fried | Reg. No. 28,298 |
| Joseph W. Bain | Reg. No. 34,290 |
| Robert J. Sacco | Reg. No. 35,667 |
| Scott D. Paul | Reg. No. 42,984 |
| Stanley A. Kim | Reg. No. 42,730 |

Send correspondence to Stanley A. Kim, Esq., Quarles & Brady LLP, 222 Lakeview Avenue, Suite 400, P.O. Box 3188, West Palm Beach, Florida 33402-3188 and direct all telephone calls to Stanley A. Kim, Esq. at (561) 653-5133.

| FULL NAME OF INVENTOR: Robert A. Bey |
|--|
| INVENTOR'S SIGNATURE: A SIGNATURE: DATE: 2-17-99 |
| RESIDENCE: 815 SW Rustic C., Stuart, Florida, 34990 |
| CITIZENSHIP: U.S.A. |
| POST OFFICE ADDRESS: 815 SW Rustic Cr., Stuart, Florida, 34990 |
| FULL NAME OF INVENTOR: May S. Lui INVENTOR'S SIGNATURE: DATE: DATE: |
| |
| RESIDENCE: 6688 110th Street, Sebastion Florida, 32958 |
| CITIZENSHIP: USA |
| POST OFFICE ADDRESS: 6688 110th Street, Sebastion, Florida, 32958 |
| FULL NAME OF INVENTOR: Susan Summers INVENTOR'S SIGNATURE: DATE: 2/18/99 |
| RESIDENCE: 4203 SE Jacaranda Street, Stuart, Florida, 34997 |
| CITIZENSHIP: U.S. |
| POST OFFICE ADDRESS: 4203 SE Jacaranda Street, Stuart, Florida, 34997 |
| FULL NAME OF INVENTOR: Brian Smith |
| INVENTOR'S SIGNATURE: Busine DATE: 2-18-19 |
| RESIDENCE: 589 SW Ray Avenue, Port St. Lucie, Florida, 34983 |
| CITIZENSHIP: USA |
| POST OFFICE ADDRESS: 589 SW Ray Avenue, Port St. Lucie, Florida, 34983 |

| | | *** *** | | | | |
|--|---|---|--|--|---|---|
| Applicant o | r Patentee | Robert A. R | lav et al | | | |
| | tent No.: | | | | | |
| | ocket No.: | 6328-21 | | | | |
| Filed or Issu | | | 29, 1998 | | | |
| For: REMO | TE SITE URIN | E COLLECTIO | N DEVICE A | ND METHO | O OF USE | |
| VERIFIE | | NT (DECLARA 1.9(f) and 1.2 | • | | ENTITY STAT | US |
| I hereby dec | clare that I ar | n . | | | | |
| | an official o | of the small bu of the small bu ern identified | siness conce | | d below red to act on be | half |
| | | RN Flex NCERN 354 Palr | | orate Parkw | ay | |
| business co I.9(d), for pountied State those of its statement, the previous time or temponers are concerns are | ncern as defi urposes of pa es Code, in th affiliates, do (I) the numbe s fiscal year o porary basis o e affiliates of | ned in I3 C.F.I lying reduced hat the numbe es not exceed r of employee of the concern during each of each other w er to control th | R. 121.3-18, a fees under ser of employed 500 persons in the busing of the persons the persons the pay persons in the pay perso | nd reproduce ection 41(a) sees of the cos. For purponess concerning employed iods of the firectly or incomplete the second endough the firectly or incomplete the second endough the sec | rn qualifies as a ed in 37 C.F.R. and (b) of Title incern, including ses of this is the average d on a full-time, iscal year, and directly, one cor or parties contr | 35, g e over , part- (2) ncern |
| | the small bu | ts under cont siness concer | | | nveyed to and egard to the | |
| REN | OTE SITE U | RINE COLLEC | TION DEVIC | E AND MET | HOD OF USE | |
| by inventors | : Robert A. | Ray, May S. L | ui, Susan Su | ımmers, and | Brian Smith | |
| described in | | | | | | |
| [] [X] | application s | Docket Numbe | 2,123, filed [| | 9, 1998, under | |

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. I.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. I.9(d) or a nonprofit organization under 37 C.F.R. I.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. I.27)

| NAME | | | |
|---------------|----------|------------------|--------------|
| ADDRESS | , | | |
| [] INDIVIDUAL | [] SMALL | BUSINESS CONCERN | [] NONPROFIT |
| | | | ORGANIZATION |

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any Maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. I.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title I8 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

| NAME OF PERSON SIGNING | Robert A. Ray |
|----------------------------|-------------------|
| TITLE OF PERSON OTHER THAN | OWNER |
| ADDRESS OF PERSON SIGNING_ | 815 SW Rustic Cr. |
| | Stuart, FL 34990 |
| SIGNATURE SALT A. KA | DATE 2-17-99 |